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JC893 U.S. PTO

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PTO/SB/50 (4/98)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	70442.1201
First Named Inventor	Weber
Original Patent Number	5,961,531
Original Patent Issue Date (Month/Day/Year)	October 15, 1999
Express Mail Label No.	EH827451819US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) <input checked="" type="checkbox"/>
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Peter A. Sullivan				
	Ronald Abramson				
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City	New York	State	New York	Zip Code	10004
Country		Telephone	212-837-6000	Fax	212-422-4726

NAME (Print/Type)	Peter A. Sullivan	Registration No. (Attorney/Agent)	38,327
Signature		Date	7/27/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC893 U.S. PTO
09/627018
07/27/00

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

70442.1201

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 8	**** 0 =	x \$ _____ =	0	or	x \$ _____ =
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =	0		x \$ _____ =
Basic Fee (37 CFR 1.16(h))					\$ 345		\$ _____
Total Filing Fee					\$ 345	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 20	=	x \$ _____ =	0	or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	0		x \$ _____ =
Total Additional Fee					\$ 0	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 345 to cover the filing / additional fee is enclosed.

7/27/00

Date

Signature of Applicant, Attorney or Agent of Record

Peter A. Sullivan

Typed or printed name

STATEMENT UNDER 37 CFR 3.73(b)

Jc886 U.S. PTO
09/627016
07/27/00

Applicant/Patent Owner: KMedic, Inc.

Application No./Patent No.: 5,961,531 Filed/Issue Date: October 5, 1999

Entitled: Convertible Rongeur

KMedic Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 9560, Frame 0491, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.


5, Jan, 00
Date

[Signature]
Signature

Helmut Weber

Typed or printed name

Title

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 70442.1201		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 8	**** 0 =	x \$	= 0	or	x \$ =	
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$	= 0		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$ 345		\$	
Total Filing Fee					\$ 345	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 20	=	x \$	= 0	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	= 0		x \$ =
Total Additional Fee					\$ 0	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> A check in the amount of \$ 345 to cover the filing / additional fee is enclosed.</p>								
<p>7/27/00 Date</p>		<p> Signature of Applicant, Attorney or Agent of Record</p> <p>Peter A. Sullivan Typed or printed name</p>						